## 4031184487

FEC FORM 1

## STATEMENT OF ORGANIZATION

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Office Use Conty 1 8: 30 NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. OTERS FOR HOWEST GOVERNMENT ADDRESS (number and street) (Check if address is changed) COMMITTEE'S E-MAIL ADDRESS (Check if address RDIAX 10400AOL: CM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE FEC IDENTIFICATION NUMBER ▶ IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false ferrincous, obin complete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

5.

TYPE OF COMMITTEE						
Can	didate	e Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Cand	-					
Cand Party	idate Affiliati	Office Senate President  District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candi						
Part	v Con	nmittee:				
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.				
Political Action Committee (PAC):						
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
		Corporation Corporation w/o Capital Stock Labor Organization				
		Membership Organization Trade Association Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	draising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political				
	الييا	committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
	Com	nmittees Participating in Joint Fundraiser				
	1.	FEC ID number C				
	2.	FEC ID number C				
	3.	FEC ID number C				
	4.					

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of

FEC Form 1 (Revised 02/2009)

any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Mailing Address

Write or Type Committee Name

elephone number 562-692-0983

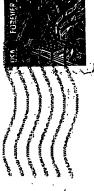
Page 3

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CAL U	GTERS FOR HONEST GO	Veren	ment
Full Name of Designated Agent			
Mailing Address			
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	CITY	STATE	ZIP CODE
Title or Position	Telephone nu	mber	
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JOHN R. DIAZ & ASSOCIATES
8819 WHITTIER BLVD.
SUITE 105
PICO RIVERA, CA 90660

Sawle and Cabb

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(8/2013)

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